

FY
2016

Abstinence Education Request for Proposal

Indiana State Department of Health

Division of Maternal and Child Health



FUNDING OPPORTUNITY DESCRIPTION

PURPOSE:

The purpose of this Request for Proposals (RFP) is to fund competitive grants for nonprofit organizations, local health departments, and health care entities within the State of Indiana for the implementation or expansion of evidence-based abstinence education programs. Applicants are encouraged to develop flexible, medically accurate, and effective abstinence-based plans responsive to the needs of the targeted population.

SUBMISSION DETAILS:

To be considered for funding, applications must be received by ISDH no later than **Friday, May 15, 2015 at 5:00 PM EST.**

This is an electronic application and applicants are **required** to submit applications electronically. No paper applications will be accepted. For electronic submission:

SUBMIT APPLICATIONS VIA EMAIL TO THERESA HUNTER, TITLE V COORDINATOR AT:
thunter@isdh.in.gov

DESCRIPTION OF FUNDING OPPORTUNITY: BABY AND ME - TOBACCO FREE™

The Indiana State Department of Health (ISDH) Maternal and Child Health (MCH) Division is requesting applications from local and statewide service providers and planning organizations (nonprofit organizations, hospitals, local health departments, community care centers, rural health centers, WIC locations) for competitive grant funding. This funding opportunity is designed to aid organizations in their effort to implement Abstinence Education programming.

GRANT DESCRIPTION:

Funding will be used to implement and/or expand evidence-based or promising practice abstinence education programs. Priority will be given to applications implementing and/or expanding evidence-based programs. The following programs have been determined to be evidence-based by the United States Department of Health and Human Services: ***Promoting Health among Teens! Abstinence-Only Intervention*** and ***Making a Difference!*** Although these will be given priority, other evidence-based programs and promising practices will still be considered.

The ISDH MCH Division is requiring that all programming, whether evidence-based or promising practice:

- Be based on sound theoretical frameworks (e.g. social cognitive theory, theory of reasoned action, theory of planned behavior, etc.)
- Contain intense, high dosage (at least 14 hours) programming implemented over a long period of time
- Foster peer support of decisions to delay sexual activity
- Select educators with desired characteristics (whenever possible), train them, and provide monitoring, supervision, and support

- Involve multiple people with expertise in theory, research, and sex and STD/HIV education for curriculum development.

ABSTINENCE EDUCATION DESCRIPTION:

The Title V ‘State Abstinence Program’ was extended through Fiscal Year 2016 under the Patient Protection and Affordable Care Act of 2010 (ACA). The funds are intended to provide abstinence education, and, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity, with a focus on those groups which are most likely to bear children out-of-wedlock, such as youth in or aging out of foster care, children of teen parents, youth in the care of the child welfare system, idle youth (those who are not currently working or in school), school dropouts, youth living in poverty, and youth living in a single-parent household.

PRIORITY AREAS:

Applicants will be required to:

- Provide abstinence education and, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity
- Teach young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances
- Teach the importance of attaining self-sufficiency before engaging in sexual activity

Other priority areas include:

- Supporting effective implementation and expansion of evidence-based programs with fidelity to the evidence-based model selected
- Supporting the development of statewide abstinence education programs
- Reaching high-risk and hard-to-engage populations
- Supporting a family-centered approach to abstinence education
- Reaching families in rural or frontier areas
- Support fiscal leveraging strategies to enhance program sustainability.

Applicants must consider the needs of lesbian, gay, bisexual, transgender, and questioning youth and how their programs will be inclusive of and non-stigmatizing toward such participants. If not already in place, applicants must establish and publicize policies prohibiting harassment based on race, sexual orientation, gender, gender identity (or expression), religion, and national origin. **The submission of an application for this RFP constitutes an assurance that applicants have or will have such policies in place prior to receiving the award.** Applicants should ensure that all youth serving staff are trained to prevent and respond to harassment or bullying in all forms. Programs serving youths should be prepared to monitor claims, address them seriously, and document their corrective action(s) so that all participants are assured that programs are safe, inclusive, and non-stigmatizing by design and in operation.

AWARD INFORMATION:

SUMMARY OF FUNDING:

Applicants should thoroughly describe the scope of the proposed project and justify the budget request for each category of allowable services for which they are applying, for a total of **no more than \$200,000 per Fiscal Year**. Grant awards will be contingent upon Federal funding and competitiveness of applications, for a 12-month period with an anticipated start date of October 1, 2015.

Applicants should request funding for one fiscal year in their grant application submission. Funding for future fiscal years beyond the current year of the grant is contingent upon the availability of funds, satisfactory progress of the project, and adequate stewardship of grant funds.

The Maternal and Child Health Division is focused on building systems of care. Rather than funding isolated programs and services, MCH will only provide funds for organizations that collaborate and build integrated systems, especially those that enhance service capacity.

ELIGIBILITY AND REQUIREMENTS:

APPLICANT ORGANIZATION:

Applicant organization:

- Must be a non-profit organization (as defined by IRS Tax Determination), health department, hospital, school, or other health care related entity
- Must collaborate with traditional and nontraditional agencies or organizations
- Must comply with contractual & financial requirements as listed in the Budget Section
- Must address all Required Priority Areas
- Must implement or expand an evidence-based program. Applicants may choose to implement and/or expand **Promoting Health among Teens! Abstinence-Only Intervention or Making a Difference!**. While priority will be given to these programs, another evidence-based or promising practice program will still be considered.

Note: The applicant must fund at least 43% of the project's total cost with non-Federal resources while ISDH MCH will fund no more than 57% of the project's total cost.

EXPECTED REPORTING AND PERFORMANCE CRITERIA:

Applicants will be required to report quarterly and annually on specific performance criteria outlined in this RFP. Applicants must also participate in a rigorous continuous quality improvement process, performed by the Abstinence Education Program Coordinator. Applicants will be required to track and report on the following objective efficiency measures every three months:

- Unduplicated number of service recipients served for each program year.
- Total number of class hours provided to adolescents and/or adults aged 10 to 20 years.
- Geographical areas in which the applicant has provided services.
- Total number of all service recipients who complete the program(s). Data should be recorded for each program.

Applicants will also be required to track progress towards the following objective performance measures:

Measure 1: After completion of the program, at least 75% of program participants will increase their knowledge on abstinence as the means of preventing teen pregnancy, birth, and STIs.

Measure 2: After completion of the program, at least 75% of program participants will increase their knowledge regarding the consequences of teen pregnancy.

Measure 3: After completion of the program, at least 75% of program participants will be able to identify at least two ways to prevent contracting HIV and other STIs that can be transmitted by engaging in sexual activity.

Measure 4: After completion of the program, at least 75% of program participants will be able to identify at least 4 ways to reject sexual advances and increase knowledge on how alcohol and drug use increase vulnerability to sexual advances.

Measure 5: After completion of the program, at least 75% of program participants will increase their knowledge regarding attaining self-sufficiency before engaging in sexual activity.

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SECTION 1: APPLICATION INSTRUCTIONS

Please use this document for all required application information. The application in its entirety, including all supplemental information, **cannot exceed 50 pages with one-inch margins, using easily readable 12-point font**. Applications that exceed the page limit will be considered non-responsive and will not be entered into the review process. (If you MUST alter the application document for any reason, it must be IDENTICAL to the original). If a hard copy is mailed, the application package should not be stapled or bound.

SECTION 2: COMPLETION CHECKLIST

The Completion Checklist in Section 2 serves as a guide to ensure that all appropriate and required materials are submitted with the application document. Double click on each check box to indicate a “check mark” for completion.

SECTION 3: IMPORTANT INFORMATION

In Section 3: Important information, please list the Name, Title and Signature of the following individuals within the applicant agency:

- Authorized Executive Director
- Project Director
- Person of contact
- Person authorized to make legal and contractual agreements

SECTION 4: SUMMARY

The summary will provide the reviewer a succinct and clear overview of the proposed project. The summary should be the last section written and reflect the narrative. Please include a brief description of the project with the following:

- Briefly describe the purpose of the proposed project and the anticipated accomplishments (goals), including knowledge gained, and describe the measurable objectives to achieve the accomplishments. Please include how the project will achieve the goals of the priority areas.
- Briefly describe the target population (e.g., race, ethnicity, age, socioeconomic status, geography) and its needs and discuss why the specific interventions proposed are expected to have a substantial, positive impact on the appropriate performance measure(s).

SECTION 5: APPLICATION NARRATIVE

In Section 5: Application narrative, all required headings are listed with respective character limitations. Please do not alter the format of the document.

SECTION 5-1: ORGANIZATION BACKGROUND/CAPACITY: (2000 CHARACTER LIMIT)

This section will enable the reviewers to gain a clear understanding of your organization and its ability to carry out the proposed project—in collaboration with local partners.

- Discuss the history, capability, experiences, and major accomplishments of the applicant organization.
- Discuss the history, capability, experiences, and major accomplishments of any partnering organization as they relate to your proposed project.

SECTION 5-2: EVIDENCE-BASED PROGRAMMING (2000 CHARACTER LIMIT)

Identify the evidence-based program(s) or promising practice service that will be expanded or implemented, and discuss how the service(s) address(es) the purpose, goals and objectives of the proposed project. Please cite any sources of the information. For Evidence-based programs, discuss how the model(s) will be implemented and/or expanded with fidelity to the national model.

SECTION 5-3: STATEMENT OF NEED (4000 CHARACTER LIMIT)

This section must describe need for and significance of this program in the specific community of population as it relates to the program goals. It is intended to help reviewers understand the need for the specific proposed strategies within the context of the community in which the strategies will be implemented. With respect to the primary purpose and goals of the grant program, please:

- Describe and justify the *population* of focus (demographic information on the population of focus, such as race, ethnicity, age, socioeconomic status, and geography, must be provided).
- Describe and justify the *geographic area(s)* to be served.
- Use data to describe the need and extent of the need (e.g. current prevalence or incidence rates) for the population(s) of focus.
- Provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the data.
- Cite all references (do not include copies of sources).
- Describe how the needs were identified.
- Describe resources currently available to pregnant smokers and identify gaps in services.
- Demonstrate how the applicant agency and its partner organization(s) have linkages to the population(s) of focus and ties to grassroots/community-based organization that are rooted in the culture(s) of the population(s) of focus.

Documentation of need may come from a variety of reliable and valid sources including both qualitative and quantitative sources. Quantitative data can come from local epidemiologic data, State data (e.g. from state needs assessment), and/or national data.

SECTION 5-4: GOALS/OBJECTIVES (2000 CHARACTER LIMIT)

This section must describe how the program intends to achieve outlined Abstinence Education priority areas. It should clearly describe each priority area and objectives for achieving the required priority measurements and goals.

- Provide the overall project goal and each objective. Ensure the objectives are Specific, Measurable, Achievable, Realistic, and Time-bound (SMART Objectives).
- Clearly state the unduplicated number of individuals the project proposes to serve (annually and over the entire project period) with grant funds.
- Describe how achievement of the goals will produce meaningful and relevant results (e.g., increase access to care, decreased teen pregnancy rates, increase number of referrals to outside partners, increase number of clients with health insurance).

SECTION 5-5: ACTIVITIES (6000 CHARACTER LIMIT)

This section must describe the activities of the project. These must relate to the proposed objectives.

- Describe how the proposed evidence-based abstinence education program will be implemented or expanded.
- Describe how the populations of interest will be identified, recruited and retained. Using knowledge of the language, beliefs, norms and values, and socioeconomic factors of the population(s) of focus, discuss how the proposed approach addresses these issues in outreach, engaging, and delivering programs to this population (e.g., collaborating with community gatekeepers).
- Identify any other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate the commitment of these entities to the project.
- Show that the necessary groundwork (e.g., planning, development of memoranda of agreement, identification of potential facilities) has been completed or is near completion so that the project can be implemented and service delivery begin as soon as possible and no later than four months after the grant award.
- Describe the potential barriers to success of the proposed project and how these barriers will be addressed.
- Describe how program continuity will be maintained when there is a change in the operational environment (e.g., staff turnover, change in project leadership) to ensure stability over time.

SECTION 5-6: STAFFING PLAN (4000 CHARACTER LIMIT)

This section must describe the staff currently available and staff to be hired to conduct the project activities.

- List and describe the staff positions for the project (within the applicant agency and its partner organizations), including the Project Director and other key personnel, showing the role of each and their level of effort of full-time equivalency (FTE) and qualifications.
- Regardless of whether a position is filled or to be announced, please discuss how key staff have/will have experience working with the proposed population, appropriate qualifications to serve the population(s) of focus, and familiarity with cultures and languages of the proposed populations.
- Describe efforts to competitively compensate staff and plans for staff retention.
- Please be sure the Staffing Plan matches the personnel listed in the Bio-Sketches and positions listed in Job Descriptions.

SECTION 5-7: RESOURCE PLAN/FACILITIES (2000 CHARACTER LIMIT)

This section must describe the facilities that will house the proposed services.

- Describe resources available (within the applicant agency and its partner organizations) for the proposed project (e.g., facilities, equipment).
- Assure that project facilities will be smoke, tobacco, alcohol, and drug-free at all times.
- Explain how the facilities are compliant with the Americans with Disabilities Act (ADA) and amenable to the population(s) of focus. If the ADA does not apply to applicant organization, explain why.

SECTION 5-8: EVALUATION PLAN (6000 CHARACTER LIMIT)

All applicants are required to collect data for reporting and monitoring purposes. This information must be collected on an on-going basis and reported quarterly and annually. In this section, the applicant organization must document its ability to collect and report on the required priority measurements.

Outcome Evaluation (for each of the bullets below; please list responsible staff and frequency)

- Describe plan for data collection. Specify all measures or instruments to be used; specifically, describe current collection efforts and plans to expand (as needed) to meet tobacco cessation priority measurements.
- Describe plan for data management.
- Describe plan for data analysis.
- Describe plan for data reporting; specifically, describe current reporting efforts and plans to expand these efforts (as needed) to meet the smoking cessation measures.
- Describe methods to ensure continuous quality improvement, including consideration of disparate outcomes for different racial/ethnic groups (activities may include: client surveys, observations).
- Describe the plan for maintenance of fidelity to the evidence-based model(s).
- Describe plan for protection of client privacy, following HIPAA requirements.
- Describe plan of action if outcomes are not meeting or exceeding expectations during a quarterly or annual evaluation.
- Describe how tobacco cessation outcome data will be used to guide applicant's education programs in the future.
- Describe how outcomes will be disseminated to stakeholders within the applicant agency, its partnering agencies, and throughout local and statewide communities.

SECTION 5-9: SUSTAINABILITY PLAN (2000 CHARACTER LIMIT)

Outline a plan for how the program activities will be sustained at the conclusion of this funding. This may include, but is not limited to:

- Anticipated contributors of sustained funding (e.g., Medicaid, private funder).

- Plans to ensure dedicated staff after the conclusion of grant funding.
- Plans to continue collaborating partnerships.

SECTION 5-10: LITERATURE CITATIONS

In this section, please list complete citations for all references cited, including (American Psychological Association [APA] style is recommended):

- Document title
- Author
- Agency
- Year
- Website (if applicable)

The **Abstinence Education Application** document does not include the budget template. The budget is to be completed as a separate Microsoft Excel workbook. In this section, be sure to demonstrate that:

- All expenses are directly related to project;
- The relationship between budget and project objectives is clear; and
- The time commitment to the project is identified for major staff categories and is adequate to accomplish project objectives.

Complete this entire section by providing budget information for FY 2016, which runs October 1, 2015 through September 30, 2016. The budget is an estimate of what the project will cost. Complete the attached Excel budget template according to directions. Do NOT substitute a different format. Projects do not need to include matching funds. Staff information in Schedule A must include staff name, title/role, hourly rate, hours per week worked on the project, and weeks per year worked on the project. All staff listed in the budget must be included in the Staff listing as indicated in Section 5-6 above. In-state travel information must include miles, mileage reimbursement rate, and reason for travel. Travel reimbursement may not exceed State rates. Currently, the in-state travel reimbursement is \$0.44 per mile, \$26 per day per diem, and \$79 plus tax per night of lodging. Please check for consistency among all budget information. Budget must correlate with project duration.

In completing the packet, remember that all amounts should be rounded to the nearest penny.

Completing the Budget Form

Please complete the information about your organization at the top of the Summary tab. The tables at the bottom of the Summary tab will automatically populate the totals for each category when you fill in the information on Schedule A and Schedule B. Do not change any of the formulas already populated in the totals columns.

Schedule A

For each individual staff member, provide the name of the staff member and their title or role in the project. Each staff member must be listed by name. Each staff member's hourly rate, hours per week, and weeks per year should be entered, and the Annual MCH Salary column will automatically calculate. Common fringe categories have been given, but please only fill in the Fringe based on what is used by each staff member. The Annual Fringe Benefits for each staff member will calculate automatically.

Schedule B

Typical contractual service categories have been provided as guide. List each contract, general categories of supplies (office supplies, medical supplies, etc.), travel by staff members, rent/utilities, communication, and other expenditures in the appropriate section. Formulas have already been entered into the total column for each section. Travel must be calculated for each staff member who will be reimbursed and may not exceed \$0.44 per mile. Please be aware that indirect costs are not allowed as a set amount or percentage of the agreement. Any indirect costs such as rent, utilities, etc. should be listed out as separate line items.

For questions contact: **Alisha Borcharding** at aborcharding@isdh.in.gov or **317-233-7129**.

SCHEDULE A - CHART OF ACCOUNT CODES

111.000 PHYSICIANS

Clinical Geneticist	OB/GYN
Family Practice Physician	Other Physician
General Family Physician	Pediatrician
Genetic Fellow	Resident/Intern
Medical Geneticist	Neonatologist

111.150 DENTISTS/HYGIENISTS

Dental Assistant	Dentist
Dental Hygienist	

111.200 OTHER SERVICE PROVIDERS

Audiologist	Outreach Worker
Child Development Specialist	Physical Therapist
Community Educator	Physician Assistant
Community Health Worker	Psychologist
Family Planning Counselor	Psychometrist
Genetic Counselor (M.S.)	Speech Pathologist
Health Educator/Teacher	Occupational Therapist

111.350 CARE COORDINATION

Licensed Clinical Social Worker (L.C.S.W.)	Social Worker (B.S.W.)
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Licensed Social Worker (L.S.W.)

Social Worker (M.S.W.)

Physician

Registered Nurse

Registered Dietitian

111.400 NURSES

Clinic Coordinator

Other Nurse

Community Health Nurse

Other Nurse Practitioner

Family Planning Nurse Practitioner

Pediatric Nurse Practitioner

Family Practice Nurse Practitioner

Registered Nurse

Licensed Midwife

School Nurse Practitioner

Licensed Practical Nurse

OB/GYN Nurse Practitioner

111.600 SOCIAL SERVICE PROVIDERS

Caseworker

Social Worker (B.S.W.)

Licensed Clinical Social Worker (L.C.S.W.)

Social Worker (M.S.W.)

Licensed Social Worker (L.S.W.)

Counselor

Counselor (M.S.)

111.700 NUTRITIONISTS/DIETITIANS

Dietitian (R.D. Eligible)

Registered Dietitian

Nutrition Educator

Nutritionist (Master Degree)

111.800 MEDICAL/DENTAL/PROJECT DIRECTOR

Dental Director

Project Director

Medical Director

111.825 PROJECT COORDINATOR

111.850 OTHER ADMINISTRATION

Accountant/Finance/Bookkeeper

Laboratory Technician

Administrator/General Manager

Maintenance/Housekeeping

Clinic Aide

Nurse Aide

Clinic Coordinator (Administration)

Other Administration

Communications Coordinator

Programmer/Systems Analyst

Data Entry Clerk

Secretary/Clerk/Medical Record

Evaluator

Genetic Associate/Assistant

Laboratory Assistant

115.000 FRINGE BENEFITS

200.000 CONTRACTUAL SERVICES

Maintenance Agreements

Equipment Leases

Licensing

Insurance and Bonding - Insurance premiums for fire, theft, liability, fidelity bonds, etc. Malpractice insurance premiums cannot be paid with grant funds.

200.700 TRAVEL

Conference Registrations In-State Staff Travel

200.800 RENTAL AND UTILITIES

Janitorial Services Rental of Space

Utilities

200.850 COMMUNICATIONS

Postage (including UPS) Reports

Printing Costs Subscriptions

Publications Telephone

200.900 OTHER EXPENDITURES Other items not classified above

CONSULTANTS

Individuals not directly employed by your organization, but with whom you want to contract to perform services under this grant. If you are contracting with an organization for services you should list the organization under 200.000 Contractual Services.

EXAMPLES OF EXPENDITURE ITEMS THAT WILL NOT BE ALLOWED

The following may not be claimed as project cost for MCH and CYSHCN projects and may not be paid for with MCH/CYSHCN funds:

1. Construction of buildings, building renovations;
2. Depreciation of existing buildings or equipment;
3. Contributions, gifts, donations;
4. Entertainment, food;
5. Automobile purchase;
6. Interest and other financial costs;
7. Costs for in-hospital patient care;
8. Fines and penalties;
9. Fees for health services;
10. Accounting expenses for government agencies;
11. Bad debts;
12. Contingency funds;
13. Executive expenses (car rental, car phone, entertainment);
14. Client travel; and
15. Legislative lobbying.

The following may be claimed as project cost for MCH/CYSHCN projects and may only be paid for with specific permission from the both the Director of MCH and the Director CYSHCN:

1. Equipment;
2. Out-of-state travel; and
3. Dues to societies, organizations, or federations.

All equipment costing \$1,000 or more that is purchased with MCH/CYSHCN and/or MCH/CYSHCN matching funds, shall remain the property of the State and shall not be sold or disposed of without written consent from the State.

For further clarification on allowable expenditures please contact: **Alisha Borcharding**
ABorcharding@isdh.in.gov or **317-233-7129**.

SECTION 7: REQUIRED ATTACHMENTS

SECTION 7-1: BIO-SKETCHES (INSTRUCTIONS)

- For positions already filled, provide a brief Bio-Sketch for five key personnel (note: there may be more than five positions, but please include only five Bio-Sketches).

SECTION 7-2: JOB DESCRIPTIONS (INSTRUCTIONS)

- For positions to be announced and positions currently filled, please provide a brief Job Description for up to five key personnel (note: there may be more than five positions, but please include only five Job Descriptions).

SECTION 7-3: TIMELINE (INSTRUCTIONS)

- Please include a minimum of the following information in the Timeline:
- List activities to occur within each of the Phases (Planning, Implementation, and Evaluation).
- Indicate in which quarter(s) each activity will occur.
- Please ensure these activities and dates of occurrence correspond with the activities and dates listed in the [Activities](#) narrative.

SECTION 8: ADDITIONAL REQUIRED DOCUMENTS

If applicable, please include the following required documents (no specific format required) with the **Abstinence Education Application** submission.

Please refer to the [SUBMISSION INFORMATION](#) section for more information.

SECTION 8-1: IRS NONPROFIT TAX DETERMINATION LETTER (1 PAGE MAX)

If applicable, please include with the submission of the **Abstinence Education Application** document, an attachment of an electronic copy (PDF recommended) of the applicant organization's IRS Nonprofit Tax Determination Letter. Please limit this attachment to one page total.

ATTACHMENT 8-2: ORG CHART & PROGRAM-SPECIFIC ORG CHART (2 PAGES MAX)

Please include with the submission of the **Abstinence Education Application** document, an attachment of an electronic copy (PDF recommended) of the applicant organization's overall organizational chart as well as the applicant organization's program-specific organization chart. The program specific-organization chart must include program partners, existing program staff, to-be-hired program staff, key personnel, etc. Please limit this attachment to two pages total.

ATTACHMENT 8-3: LETTERS OF SUPPORT / AGREEMENT / MOUS (10 PAGES MAX)

Please include with the submission of the **Abstinence Education Application** document, an attachment of an electronic copy (PDF recommended) of letters of support, letters of agreement, and/or memoranda of understanding. These documents must include date, contact information of individual endorsing letter, and involvement with the project or organization. Please limit this attachment to 10 pages total.

DESCRIPTIONS OF REQUIRED PRIORITY AREAS

Priority Programs: Funding will be used to implement and/or expand evidence-based or promising practice abstinence education programs. The following programs have been determined to be evidence-based by the United States Department of Health and Human Services: ***Promoting Health Among Teens! Abstinence-Only Intervention*** and ***Making a Difference!*** Although these will be given priority, other evidence-based programs and promising practices will still be considered.

The ISDH MCH Division is requiring that all programming, whether evidence-based or promising practice:

- Be based on sound theoretical frameworks (e.g. social cognitive theory, theory of reasoned action, theory of planned behavior, etc.)
- Contain intense, high dosage (at least 14 hours) programming implemented over a long period of time
- Foster peer support of decisions to delay sexual activity
- Select educators with desired characteristics (whenever possible), train them, and provide monitoring, supervision, and support
- Involve multiple people with expertise in theory, research, and sex and STD/HIV education for curriculum development.

Priority Elements: To provide abstinence education and, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity; to teach young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; to teach the importance of attaining self-sufficiency before engaging in sexual behavior; to support effective implementation and expansion of evidence-based programs with fidelity to the evidence-based model selected; to support the development of statewide abstinence education programs; to reach high-risk and hard-to-engage populations; to support a family-centered approach to abstinence education; to reach families in rural or frontier areas; and to support fiscal leveraging strategies to enhance program sustainability.

Priority Client Enrollment: Priority should be given to serve eligible clients who are:

- Youth in or aging out of foster care
- GLTBQ youth
- Youth aged 10-15 years old
- Children of teen parents

- Youth in the care of the child welfare system
- Idle youth (those who are not currently working or in school)
- School dropouts
- Youth living in poverty
- Youth living in a single-parent household
- Youth living in counties with the highest rates of out-of-wedlock pregnancies to adolescent females

Priority Measurements: Applicants must also participate in a rigorous continuous quality improvement process, performed by the Abstinence Education Program Coordinator. Applicants will be required to track and report on the following objective efficiency measures:

- Unduplicated number of service recipients served for each program year.
- Total number of class hours provided to adolescents and/or adults aged 10 to 20 years.
- Total number of all service recipients who complete the program. Data should be recorded for each program.
- Geographical areas in which the applicant has provided services.

Forms A-D, Unduplicated Count of Clients Served (Form A), Hours of Service Received by Clients (Form B), Program Completion Data (Form C), and Communities Served (Form D) will be given to all grantees of these abstinence education funds. It will then be the responsibility of the grantees to complete each of these forms for their program and report back to ISDH on the data every 3 months for the duration of their grant award.

Applicants will also be required to track progress towards the following objective performance measures:

Measure 1: After completion of the program, at least 75% of program participants will increase their knowledge on abstinence as the means of preventing teen pregnancy, birth, and STIs. This change in knowledge will be determined by implementing a pretest-posttest evaluation design.

Measure 2: After completion of the program, at least 75% of program participants will increase their knowledge regarding the consequences of teen pregnancy. This change in knowledge will be determined by implementing a pretest-posttest evaluation design.

Measure 3: After completion of the program, at least 75% of program participants will be able to identify at least two ways to prevent contracting HIV and other STIs that can be transmitted by engaging in sexual activity. This change in knowledge will be determined by implementing a pretest-posttest evaluation design.

Measure 4: After completion of the program, at least 75% of program participants will be able to identify at least 4 ways to reject sexual advances and increase knowledge on how alcohol and drug use increase vulnerability to sexual advances. This change in knowledge will be determined by implementing a pretest-posttest evaluation design.

Measure 5: After completion of the program, at least 75% of program participants will increase their knowledge regarding attaining self-sufficiency before engaging in sexual activity. This change in knowledge will be determined by implementing a pretest-posttest evaluation design.

ADDITIONAL RESOURCES

MCH CONTACTS

TERESA HUNTER, MPH MS CHES

Title V Coordinator
317.234.6326
thunter@isdh.in.gov

BOB BOWMAN, MS, MA, MS

MCH Division Director
317.233.1252
BobBowman@isdh.in.gov

GRANTS MANAGEMENT CONTACT

ALISHA BORCHERDING, MPA

MCH Business Manager
317.233.7129
aborcherding@isdh.in.gov